

Affected Programs: BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid
To: Dental Hygienists, Dentists, HMOs and Other Managed Care Programs

Billing Clarification for Fluoride Treatments and Periodontal Scaling and Root Planing

Effective for claims received on and after May 20, 2013, ForwardHealth will not reimburse a fluoride treatment provided on the same date of service as periodontal scaling and root planing, regardless of the date the services were provided.

Effective for claims received on and after May 20, 2013, ForwardHealth will not reimburse a fluoride treatment provided on the same date of service (DOS) as periodontal scaling and root planing, regardless of the date the services were provided. Refer to the Attachment of this *ForwardHealth Update* for affected *Current Dental Terminology* (CDT) procedure codes and their descriptions.

ForwardHealth will continue to reimburse a fluoride treatment provided on the same DOS as periodontal maintenance (CDT procedure code D4910).

Reminders

Prior Authorization

Periodontal scaling and root planing and periodontal maintenance require prior authorization (PA). Providers requesting PA for periodontal scaling and root planing or periodontal maintenance are required to include the following information with the PA request:

- A complete periodontal charting of oral cavity.
- Significant medical and dental history.
- A comprehensive treatment plan for periodontal disease that details treatment, surgery, and

postoperative care including additional prophylaxes as needed for a permanently disabled member.

Providers requesting PA for periodontal scaling and root planing are required to indicate the appropriate area of oral cavity code for each requested quadrant. Providers are required to indicate each quadrant on a separate detail of the PA request.

Fluoride treatments do not require PA.

Limitations

Fluoride Treatments

Fluoride treatment limitations per provider, per member are indicated in the following table.

Member's Age	Risk Group	Limit Per Year
0-20 years	None	Up to two times
	Oral hygiene-impairing disability	Up to four times with disability documentation
	High caries risk	Up to four times with risk documentation
21+ years	None	Once
	Oral hygiene-impairing disability	Up to four times with disability documentation
	High caries risk	Up to four times with risk documentation

Providers are required to retain records that document a member's high caries risk or a disability that impairs a member's ability to maintain oral hygiene.

Periodontal Scaling and Root Planing

For a member 13 years of age and older, periodontal scaling and root planing is limited to once every three years per quadrant per provider except in the following circumstances:

- When provided in a hospital or ambulatory surgical center, periodontal scaling and root planing is limited to up to four quadrants per DOS.
- When provided in an office, home, extended-care facility (ECF), or other place of service (POS), periodontal scaling and root planing is limited to two quadrants per DOS.
- If a PA request provides sound medical or other logical reasons, including long distance travel to the dentist or a disability that makes travel to the dentist difficult, periodontal scaling and root planing is limited to up to four quadrants per DOS when provided in an office, home, ECF, or other POS.

Periodontal Maintenance

Periodontal maintenance is limited to once per year per provider for a member who is 13 years of age and older.

Covered Services

Dental services are covered for members enrolled in Wisconsin Medicaid and the BadgerCare Plus Standard Plan. Coverage under the BadgerCare Plus Benchmark Plan is limited to specific services within the following categories for children under 19 years of age and pregnant women:

- Diagnostic.
- Preventive.
- Simple restorative.
- Periodontal.
- Surgical.

Non-emergency dental services are not covered for members enrolled in the BadgerCare Plus Core Plan or the BadgerCare Plus Basic Plan.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to members who receive their dental benefits on a fee-for-service basis. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT

Fluoride Treatment and Periodontal Scaling and Root Planing Procedure Codes

The following table indicates the fluoride treatment and periodontal scaling and root planing *Current Dental Terminology* procedure codes that may not be billed on the same date of service.

Procedure Code	Description
D1206	Topical application of fluoride varnish
D1208	Topical application of fluoride
D4341	Periodontal scaling and root planing — four or more teeth per quadrant
D4342	Periodontal scaling and root planing — one to three teeth, per quadrant